PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)			Docket Number 900163.401USPC		
FY 2009					
(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)					
Application Number 09/980,614			Filed A	April 17, 2002	
For BONE MARROW TRANSPLANTATION FOR TREATMENT OF STROKE					
Art Unit 1615			Examiner Carlos A. Azpuru		
This is a request under the provisions of 37 CF reply in the above identified application.	FR 1.136(a) to exten	d the perio	od for filir	ng a	
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):					
,	<u>Fee</u>	Small Entity Fee			
One month (37 CFR 1.17(a)(1))	\$130	\$6	S5	\$	
☐ Two months (37 CFR 1.17(a)(2))	\$490	\$24	45	\$	
Three months (37 CFR 1.17(a)(3))	\$1110	\$5	55	\$ <u>555</u>	
Four months (37 CFR 1.17(a)(4))	\$1730	\$80	65	\$	
Five months (37 CFR 1.17(a)(5))	\$2350	\$11	75	\$	
Applicant claims small entity status. See 37 CFR 1.27.					
A check in the amount of the fee is enclosed.					
Payment by credit card. Form PTO-2038 is attached.					
The Director has already been authorized to charge fees in this application to a Deposit Account.					
The Director is hereby authorized to charge the above fees, or credit any overpayment,					
to Deposit Account Number <u>19-1090</u> .					
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.					
I am the ☐ applicant/inventor.					
assignee of record of the entire interest. See 37 CFR 3.71					
Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).					
🛚 attorney or agent of record. Registration No. <u>51,909</u>					
attorney or agent under 37 CFR 1.34.					
Registration number if acting unde	r 37 CFR 1.34	•			
/Carol D. Laherty/		October 10, 2008			
Signature	_	Date			
Carol D. Laherty, Ph.D.		206-622-4900			
Typed or printed name		Telephone Number			
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required.					
Submit multiple forms if more than one signature is required. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. 1255259_1.DOC					